

AO 83 (Rev. 12/85) Summons in a Criminal Case

ORIGINALFILED IN THE
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII**UNITED STATES DISTRICT COURT**

DEC 01 2006

District of Hawaii

at 10 o'clock and 30 min. M
SUE BEITIA, CLERK

UNITED STATES OF AMERICA

SUMMONS IN A CRIMINAL CASE

V.

Case Number: CR 02-00178 SOM-07

ELIZABETH ANN JONES

(Name and Address of Defendant)

YOU ARE HEREBY SUMMONED to appear before the United States District Court at the place, date and time set forth below.

Place United States District Court 300 Ala Moana Blvd Honolulu, HI 96850 Ph. (808) 541-1300 (Honolulu Number)	Room AS DESIGNATED
Before: Susan Oki Mollway, United States District Judge	Date and Time November 30, 2006 at 1:30 PM

To Answer a(n) Probation/Supervised Release Violation Petition

Charging you with a violation of Title United States Code, Section(s) .

Brief description of offense:

ORDER TO SHOW CAUSE WHY SUPERVISION SHOULD NOT BE REVOKED

RECEIVED
 2006 NOV 20 AM 9:20
 U.S. MARSHAL'S SERVICE
 HONOLULU, HI.

Sue Beitia

Name and Title of Issuing Officer



Signature of Issuing Officer/Deputy Clerk

November 17, 2006

Date

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ORIGINAL

CR 01-00178 SOM-07

RETURN OF SERVICE

Service as made by me on:¹

Date

Check one box below to indicate appropriate method of service

- ☐ Served personally upon the defendant at: _____
- ☐ Left summons at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein and mailed a copy of the summons to the defendant's last known address
Name of person with whom the summons was left: _____

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the return of Service is true and correct.

Returned on _____

Date

Mark M . Hanohano

Name of United States Marshal

(by) Deputy United States Marshal

Remarks:

¹ As to who may serve a summons see Rule 4 of the Federal Rules of Criminal Procedure

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elizabeth Ann Jones
116 Kauhāa St
Kīhei, HI 96753

COMPLETE THIS SECTION ON DELIVERY

A. Signature		<input type="checkbox"/> Agent
<input checked="" type="checkbox"/>		<input type="checkbox"/> Addressee
B. Received by (Printed Name)	C. Date of Delivery	
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		

3. Service Type	
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

2. Article Number
(Transfer from service label) 7005 1820 0002 1810 8076

PS Form 3811, February 2004

Domestic Return Receipt

10259/5-02-M-1540